



House of Representatives

General Assembly

File No. 76

January Session, 2015

House Bill No. 6708

House of Representatives, March 17, 2015

The Committee on Public Health reported through REP. RITTER of the 1st Dist., Chairperson of the Committee on the part of the House, that the bill ought to pass.

AN ACT CONCERNING VARIOUS REVISIONS TO THE MENTAL HEALTH AND ADDICTION STATUTES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (n) of section 17a-451 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective*
3 *October 1, 2015*):

4 (n) (1) The commissioner shall specify uniform methods of keeping
5 statistical information by: [public] (A) Public and private agencies,
6 including agencies that operate institutions, as defined in section 19a-
7 490, that provide care or treatment for psychiatric disabilities or
8 alcohol or drug abuse or dependence, whether or not such agencies are
9 operated or funded by the state; and (B) other organizations and
10 individuals. [, including] Such methods shall include those for creating
11 and maintaining a client identifier system. [, and] Such agencies,
12 organizations and individuals shall collect and make available relevant
13 statistical information, including the number of persons treated,
14 demographic and clinical information about such persons, frequency

15 of admission and readmission, frequency and duration of treatment,
16 level or levels of care provided and discharge and referral information.
17 [The commissioner shall also require all facilities that provide
18 prevention or treatment of alcohol or drug abuse or dependence that
19 are operated or funded by the state or licensed under sections 19a-490
20 to 19a-503, inclusive, to implement such methods.]

21 (2) Such agencies, organizations and individuals shall, upon the
22 request of the commissioner, report the information described in
23 subdivision (1) of this subsection to the department in the form and
24 manner prescribed by the commissioner. The commissioner shall
25 report any [licensed facility] agency that operates a licensed institution
26 that fails to report information as requested by the commissioner to the
27 Department of Public Health or other licensing authority.

28 (3) The information contained in any client identifier system, as
29 described in this subsection, shall be subject to the confidentiality
30 requirements set forth in [section] sections 17a-688 and 52-146g and
31 regulations adopted thereunder.

32 Sec. 2. Subsection (v) of section 17a-451 of the general statutes is
33 repealed and the following is substituted in lieu thereof (*Effective*
34 *October 1, 2015*):

35 (v) The commissioner may designate [a deputy commissioner] any
36 employee of the department to sign any contract, agreement or
37 settlement on behalf of the Department of Mental Health and
38 Addiction Services.

39 Sec. 3. Subsection (a) of section 17a-450a of the general statutes is
40 repealed and the following is substituted in lieu thereof (*Effective*
41 *October 1, 2015*):

42 (a) The Department of Mental Health and Addiction Services shall
43 constitute a successor department to the Department of Mental Health.
44 Whenever the words "Commissioner of Mental Health" are used or
45 referred to in the following general statutes, the words "Commissioner

46 of Mental Health and Addiction Services" shall be substituted in lieu
47 thereof and whenever the words "Department of Mental Health" are
48 used or referred to in the following general statutes, the words
49 "Department of Mental Health and Addiction Services" shall be
50 substituted in lieu thereof: 4-5, 4-38c, 4-60i, 4-77a, 4a-12, 4a-16, 5-142, 8-
51 206d, 10-19, 10-71, 10-76d, 17a-14, 17a-26, 17a-31, 17a-33, 17a-218, 17a-
52 246, 17a-450, 17a-451, as amended by this act, [17a-452], 17a-453, 17a-
53 454, 17a-455, 17a-456, 17a-457, 17a-458, 17a-459, 17a-460, 17a-464, 17a-
54 465, 17a-466, 17a-467, 17a-468, 17a-470, 17a-471, 17a-472, 17a-473, 17a-
55 474, 17a-476, 17a-478, 17a-479, 17a-480, 17a-481, 17a-482, 17a-483, 17a-
56 484, 17a-498, 17a-499, 17a-502, 17a-506, 17a-510, 17a-511, 17a-512, 17a-
57 513, 17a-519, 17a-528, 17a-560, 17a-561, 17a-562, 17a-565, 17a-576, 17a-
58 581, 17a-582, 17a-675, 17b-28, 17b-222, 17b-223, 17b-225, 17b-359, 17b-
59 420, 17b-694, 19a-82, 19a-495, 19a-498, 19a-507a, 19a-507c, 19a-576, 19a-
60 583, 20-14i, 20-14j, 21a-240, 21a-301, 27-122a, 31-222, 38a-514, 46a-28,
61 51-51o, 52-146h and 54-56d.

62 Sec. 4. Subsection (d) of section 17a-495 of the general statutes is
63 repealed and the following is substituted in lieu thereof (*Effective*
64 *October 1, 2015*):

65 (d) For the purposes of sections [17a-452] 17a-453 to 17a-454,
66 inclusive, 17a-456, 17a-458 to 17a-464, inclusive, 17a-466 to 17a-469,
67 inclusive, 17a-471, 17a-474, 17a-476 to 17a-484, inclusive, 17a-540 to
68 17a-550, inclusive, 17a-560 to 17a-576, inclusive, and 17a-615 to 17a-
69 618, inclusive, "person with psychiatric disabilities" means any person
70 who has a mental or emotional condition which has substantial
71 adverse effects on his or her ability to function and who requires care
72 and treatment, and specifically includes a person who is an alcohol-
73 dependent person or a drug-dependent person, as defined in section
74 17a-680.

75 Sec. 5. Section 17a-452 of the general statutes is repealed. (*Effective*
76 *October 1, 2015*)

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>October 1, 2015</i>	17a-451(n)
Sec. 2	<i>October 1, 2015</i>	17a-451(v)
Sec. 3	<i>October 1, 2015</i>	17a-450a(a)
Sec. 4	<i>October 1, 2015</i>	17a-495(d)
Sec. 5	<i>October 1, 2015</i>	Repealer section

PH*Joint Favorable*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note***State Impact:*** None***Municipal Impact:*** None***Explanation***

The bill has no fiscal impact as it makes changes to data collection requirements and other changes that are administrative in nature.

The Out Years***State Impact:*** None***Municipal Impact:*** None

OLR Bill Analysis**HB 6708*****AN ACT CONCERNING VARIOUS REVISIONS TO THE MENTAL HEALTH AND ADDICTION STATUTES.*****SUMMARY:**

This bill makes several changes in the Department of Mental Health and Addiction Services (DMHAS) statutes. It:

1. specifies that all private agencies treating psychiatric disabilities or substance abuse, regardless of whether they are state-funded, must comply with the commissioner's data collection requirements (§ 1);
2. authorizes the DMHAS commissioner to designate any employee, instead of only a deputy commissioner, to sign a contract, agreement, or settlement on the department's behalf (§ 2); and
3. repeals the commissioner's ability to appoint two deputy commissioners and a medical director but retains the provision allowing the commissioner to appoint any personnel necessary to carry out her duties (§§ 3-5).

The bill also makes technical changes.

EFFECTIVE DATE: October 1, 2015

DATA COLLECTION

By law, the DMHAS commissioner must specify uniform methods for keeping statistical information for public and private agencies, including a client identifier system. The bill specifies that these methods apply to all public and private agencies that provide care or treatment for psychiatric disabilities or alcohol or drug abuse or

dependence, including those that are not state-operated or state-funded.

The bill also specifies that the agencies or others involved in such treatment, and not the commissioner, must collect relevant statistical information and make it available. The bill requires them to report the information to DMHAS, in the form and manner the commissioner prescribes and upon her request. By law, this information includes the number of people treated, demographic and clinical information, frequency of admission and readmission, frequency and duration of treatment, level of care provided, and discharge and referral information.

BACKGROUND

DMHAS Commissioner Appointments

By law, the DMHAS commissioner may appoint professional, technical, and other personnel necessary to carry out her duties (CGS § 17a-451(l)).

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 26 Nay 0 (03/04/2015)